

VZCZCXRO5222
PP RUEHCHI RUEHCN RUEHDT RUEHHM
DE RUEHJA #0889/01 1261003
ZNR UUUUU ZZH
P 051003Z MAY 08
FM AMEMBASSY JAKARTA
TO RUEHC/SECSTATE WASHDC PRIORITY 8917
RUEHPH/CDC ATLANTA GA
INFO RUEAUSA/DEPT OF HHS WASHINGTON DC
RUEHXS/ASSOCIATION OF SOUTHEAST ASIAN NATIONS

UNCLAS SECTION 01 OF 02 JAKARTA 000889

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DEPT FOR EAP/MTS, G/AIAG AND OES/IHA
USAID FOR ANE/COOK AND GH/PHR/PEC/STEWART

E.O. 12958: N/A

TAGS: [TBIO](#) [KLFU](#) [AMGT](#) [PGOV](#) [ID](#)

SUBJECT: POOR HEALTH RESULTS FROM 2007 DEMOGRAPHIC HEALTH SURVEY

11. (SBU) Summary. Preliminary Demographic Health Survey (DHS) results provide evidence of poor performance of the recently decentralized health system in Indonesia and slowed progress toward Millennium Development Goals (MDG). There is no evidence of continued reduction of child death risk over the past five years, despite a 53% decline from 1994 to 2002. New data document poor performance on critical indicators of child survival such as breastfeeding and oral rehydration therapy for managing diarrhea. Contraceptive prevalence, crude birth rate and total fertility rate are stagnant since 2002. These are preliminary data only, not yet officially released by Government. End summary.

SURVEY METHODOLOGY PRODUCES ACCURATE ESTIMATES

12. (SBU) The Government's Bureau of Statistics conducts a Demographic Health Survey every five years adhering to an international standard survey design that incorporates quality control measures in data collection and management. USAID has supported the development of this survey methodology over the past several decades. Over 200 surveys in 75 countries have been completed. DHS data provide internationally comparable, valid and representative estimates over time describing primary health care services, health outcomes, reproductive health, fertility and nutrition. USAID now supports minimal technical assistance costs, while the Government of Indonesia covers all operational costs of data collection, analysis and results publication. The recent survey data were collected in 2007-8 from all provinces in Indonesia and provide nationally representative estimates. All DHS datasets worldwide are made publicly available for secondary analysis but these Indonesia data are preliminary only and not yet officially released by the Government. Preliminary results should not be shared with the press.

HEALTH SERVICE DECENTRALIZATION, LOW SECTOR INVESTMENT

13. (SBU) More than 400 district governments have taken over responsibility from the central government for budgeting and managing primary health services since XX?. Decentralization of health services has led to a lack of consistency in budget support, human resource planning and quality control measures across the country's public health facilities. The private sector has proliferated, now providing more than two-thirds of all out-patient visits. Government supports only one-third of total health expenditures (1% of GDP), far below recommended levels of investment. There is a high unmet need for health financing schemes that reach the poor and near-poor. USG support to improved maternal

and child health services Indonesia has been slashed nearly 30% in FY2008.

NO DECLINE IN CHILD DEATHS

¶4. (SBU) Child mortality is a sensitive indicator of health system performance overall, equity of access and quality of services. Momentum from consistent declines in neonatal, infant and child mortality indicators from 1994-2002 is now lost. Under-5 mortality rate for 2007 is estimated at 45/1000 live births (2002 estimate 46). The MDG-4 goal for 2015 is 33. The vast majority of other countries worldwide that have documented child mortality rates below 50 have demonstrated continued declines in recent years.

DRASTIC EROSION OF BREASTFEEDING BEST PRACTICES

¶5. (SBU) Exclusive breastfeeding according to the WHO recommendation declined 20% since 2002. Fewer than one in three infants are exclusively breastfed for six months. Formula milk use has more than doubled among infants below six months. Local and multinational subsidiary companies aggressively market breast milk substitutes to mothers and health providers in direct violation of the International Code of Marketing Breast Milk Substitutes. No legal sanctions are in place to curb such violations. Civil society oversight mechanisms are weak. Health providers benefit financially from their affiliation with formula companies. Declining breastfeeding increases risk of infant death and child malnutrition.

LIFE-SAVING TREATMENT OF DIARRHEA UNDER THREAT

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¶6. (SBU) The rate of children reporting diarrhea illness increased since 2002 and higher proportions of children with diarrhea are being taken to health providers for treatment. But the rate of using life-saving and inexpensive oral rehydration therapy is stagnant. This suggests lack of appropriate training and oversight of health providers. Irrational use of antibiotics and other ineffective medicines are over-prescribed at substantial out of pocket expense to customers. Diarrhea causes about one-fifth of all child deaths.

FERTILITY CONTROL INDICATORS STAGNATE

¶7. (SBU) The crude birth rate has decreased slightly overall (21/1000 population), but the decrease is accounted for by urban populations only; rural birth rates have not declined. Contraceptive prevalence has remained the same since 2002 at 61%. Method mix is changing, with increasing reliance on traditional and short term methods. There is significant regional variation in contraceptive use.

SMALL INCREASES IMMUNIZATION, SKILLED BIRTH ATTENDANCE

¶8. (SBU) Full immunization coverage increased from 51% in 2002 to 58% in 2007. Skilled attendance at birth and rates of delivery in health facilities also increased. Still more than 50% of women deliver at home and access to emergency obstetric care is severely limited. The maternal mortality ratio (MMR) is high, estimated to be 307 / 100,000 live births in the 2002 DHS. MMR estimates from the 2007 DHS are not expected until the final report later this year. Maternal health indicators show the greatest variation by region, and MMR reduction efforts are especially sensitive to the weaknesses in the health care system: Equity of access, financial protection against catastrophic spending on health care, referral systems, and accountability of providers.

